

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF William F DAVIS III	COURT CASE NUMBER 04-209-SLR
DEFENDANT Corr.med SYSTEMS First Corr.med Dept of Corr	TYPE OF PROCESS Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN First Correctional Inc.	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 6861 North Oracle, R D Tucson, AZ 85704	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: William F DAVIS IV Howard R. Young Corr. Facility 1301 E. 12th Street P.O. Box 9561 Wilm Del 19809	
Number of process to be served with this Form - 285 1	Number of parties to be served in this case 3
Check for service on U.S.A. <input checked="" type="checkbox"/>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Form A PAUPERIS

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 15	District to Serve No. 8	Signature of Authorized USMS Deputy or Clerk BF	Date 2-3-06
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.**SUE CIANCULO / SERVICES SUPERVISOR**

Address (complete only if different than shown above)

Date of Service Time **945** (am)**1-23-06** pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: **D/DE requests personal service. Def. Failed to Return Univer.**